

## Fax Cover Sheet

DATE: August 1, 2002 TIME: 6:09 PM  
TO: Examiner Michael A. Willis PHONE: 703-305-1679  
Hiraki & Associates FAX: 703-872-9307  
FROM: Dorene M. Price PHONE: (631) 531-1194  
Estée Lauder Companies FAX: (631) 694-1340  
RE: S/N 09/773,351 744-3594

CC:

Number of pages including cover sheet: 6

### Message

Please see the attached documents.

Certificate of Transmission

Amendment Transmittal Letter

Amendment 3 pgs

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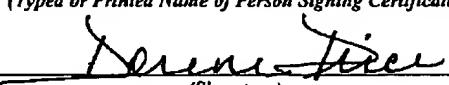
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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>		Docket No. 00.22US	
Applicant(s): Maes et al.			
Serial No. 09/773,351	Filing Date January 31, 2001	Examiner Willis, M.	Group Art Unit 1617
Invention: Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function			
FAX RECEIVED AUG 02 2002 GROUP 1600			
<p>I hereby certify that this <u>Cert, Amend Trans, Amend (3 pgs)</u>,  <small>(Identify type of correspondence)</small>          is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9307</u>)</p> <p>on <u>August 1, 2002</u>  <small>(Date)</small></p> <p style="text-align: center;"><b>DORENE M. PRICE</b>  <small>(Typed or Printed Name of Person Signing Certificate)</small></p> <p style="text-align: center;"><u></u>  <small>(Signature)</small></p>			
<p><b>Note: Each paper must have its own certificate of mailing.</b></p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)		Docket No. 00.22US																																					
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Invention: Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function																																							
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> <p>Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 15%;">HIGHEST # PREV. PAID FOR</th> <th style="width: 20%;">NUMBER EXTRA CLAIMS PRESENT</th> <th style="width: 10%;">RATE</th> <th style="width: 15%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>20 -</td> <td>20 =</td> <td>0</td> <td>x \$18.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEP. CLAIMS</td> <td>4 -</td> <td>4 =</td> <td>0</td> <td>x \$84.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td>\$0.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-1320  A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><u>Dorene Price</u> Signature</p> <p style="text-align: right;">Dated: August 1, 2002</p> <p>Dorene M. Price (Reg. No. 43,018)  Estee Lauder Companies  125 Pinelawn Road  Melville, NY 11747  (631) 531-1194</p> <p>I certify that this document and fee is being deposited on August 1, 2002 with the U.S. Postal Service as first-class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Sent to fax number 703-872-9307.</p> <p style="text-align: right;">Dorene Price Signature of Person Mailing Correspondence</p> <p style="text-align: right;">DORENE M. PRICE Typed or Printed Name of Person Mailing Correspondence</p>				CLAIMS AS AMENDED							CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	TOTAL CLAIMS	20 -	20 =	0	x \$18.00	\$0.00	INDEP. CLAIMS	4 -	4 =	0	x \$84.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
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